Early Learning Application 2018-2019

STAFF ONLY					
	Date received:	Site Name/ID:	❖ ELMS Prescreen Questions	☐ + ◯ TOTAL	Child's Age
	Date staff reviewed application with family:	HS/EHS ONLY - Date sent to PSESD:			
	Is this child a newborn taking the mother's slot? ☐ Yes ☐ No If yes, mother's name:	Is this child currently enrolled in a community slot at this center? ☐ Yes ☐ No Is this child's sibling currently enrolled in a community slot at this center? ☐ Yes ☐ No			◯

The information on your application is confidential and used only to determine your child's eligibility for our Early Learning Programs. We do not require, check, or report on immigration status.

CHILD INFORMATION

Child Information

❖ First Name: Middle Initial: Last Name:

❖ Date of Birth: ____/____/_____
Month/Day/Year
Please include proof of birth date with this application

❖ Gender:

Collecting the information below helps us to determine the most culturally appropriate services and supports unique to your child and family.

❖ What is your child's home language? _____

❖ Is your child Hispanic/Latino?
☐ Yes - Please describe or write the country of origin: _____
☐ No

❖ What is your child's race? Check all that apply:
☐ African/African American/Black
➢ Please describe or write the tribe/country of origin: _____
☐ Asian
➢ Please describe or write the tribe/country of origin: _____
☐ Alaska Native/Native American/American Indian
➢ Please describe or write the tribe/country of origin: _____
☐ Native Hawaiian or Pacific Islander
➢ Please describe or write the tribe/country of origin: _____
☐ White
➢ Please describe or write the tribe/country of origin: _____

If not listed above, please describe your child's heritage: _____

Has your child previously attended any of these programs?

☐ Birth-to-3 Home Visiting Program
☐ Early Support for Infants and Toddlers (ESIT)
☐ Early Head Start
☐ Parents as Teachers
☐ Head Start
☐ Migrant/Seasonal Head Start anywhere in Washington
☐ ECEAP
☐ No

When did your child last attend? _____ Name and location of program: _____

❖ Is your child in official foster/kinship care? (A caregiver authorization from a state or tribe that says child is a foster/kinship placement)

☐ Yes ☐ No
➢ Has your child been in foster/kinship care in the past? ☐ Yes ☐ No

Has your child ever been asked to leave a childcare center or preschool because of behavior issues? ☐ Yes ☐ No

Has your child experienced abuse or neglect? ☐ Yes ☐ No

Has your child been diagnosed by a Health Care Provider with one or more serious/chronic health conditions, such as asthma, diabetes, seizures, heart condition, or life-threatening allergies?

☐ Yes – Please describe: _____ ☐ No

CHILD INFORMATION

Child Information

Do you **suspect** that your child has a developmental delay or disability?

☐ Yes – Please describe: _____ ☐ No

Does your child have a current Individual Family Service Plan (IFSP) or Individual Education Plan (IEP)? ☐ Yes ☐ No

If yes, please answer the following questions and include a copy of the IFSP or IEP with this application

- Please check all categories of the IEP/IFSP:

☐ Autism
☐ Deaf-blindness
☐ Developmental delay
☐ Emotional disturbance
☐ Hearing impairment
☐ Intellectual disability
☐ Multiple disabilities
☐ Orthopedic impairment
☐ Other health impairment
☐ Specific learning disability
☐ Speech/language impairment
☐ Traumatic brain injury
☐ Visual impairment

- Is Special Ed Preschool or Birth-to-3 Program available/easily accessible to you? ☐ Yes ☐ No ☐ I don't know

Do you have concerns about your child's health and development? Check all that apply:

☐ Low birth weight (less than 5.8 lbs.)
☐ Mental health – Please describe: _____
☐ Behavior – Please describe: _____
☐ Hearing
☐ Vision
☐ Tooth pain/decay/bleeding gums
☐ Drug/alcohol affected
☐ Food intolerance/special diet – Please describe: _____
☐ Speech/language
☐ Fine motor/gross motor
☐ Other – Please specify: _____

Does this child have medical insurance?

☐ Yes – What type?
- ☐ Washington Apple Health/ProviderOne ☐ Private Insurance ☐ Tribal or Military Medical Coverage

☐ No

Does this child have a regular doctor or medical clinic? ☐ Yes ☐ No

Did this child have a well-child exam within the last 12 months? ☐ Yes – Date of last exam: ____/____/____ ☐ Date Unknown ☐ No

Does this child have dental insurance?

☐ Yes – What type?
- ☐ Washington Apple Health/ProviderOne ☐ Private Insurance ☐ Tribal or Military Dental Coverage

☐ No

Does this child have a regular dentist or dental clinic? ☐ Yes ☐ No

Did this child have a dental screening in the last 6 months? ☐ Yes – Date of last screening: ____/____/____ ☐ Date Unknown ☐ No

FAMILY INFORMATION

Family Information	Parent/Guardian 1	Parent/Guardian 2
❖ Name:		
❖ Relationship to Child:	☐ Biological/Adopted/Stepparent ☐ Foster Parent ☐ Grandparent ☐ Other Relative ☐ Other	☐ Biological/Adopted/Stepparent ☐ Foster Parent ☐ Grandparent ☐ Other Relative ☐ Other
❖ Date of Birth: How old were you when this child was born?	____/____/_____ Month/Day/Year _____	____/____/_____ Month/Day/Year _____
❖ Address:		
❖ Phone:	_____-_____-_____ ☐ Home ☐ Cell ☐ Work	_____-_____-_____ ☐ Home ☐ Cell ☐ Work
❖ Alternate Phone:	_____-_____-_____ ☐ Home ☐ Cell ☐ Work	_____-_____-_____ ☐ Home ☐ Cell ☐ Work
❖ Email Address:		

FAMILY INFORMATION

Family Information	Parent/Guardian 1	Parent/Guardian 2
❖ Do you need an interpreter? ❖ What language(s) do you speak?	☐ Yes ☐ No _____	☐ Yes ☐ No _____
Did you get a high school diploma or GED?	☐ GED ☐ High school diploma ☐ None – What is the highest **grade** you completed? _____	☐ GED ☐ High school diploma ☐ None – What is the highest **grade** you completed? _____
What is the highest **degree** you completed?	☐ Some college/advanced training ☐ College degree/professional certificate ☐ Associate degree ☐ Bachelor's degree ☐ Master's degree ☐ None	☐ Some college/advanced training ☐ College degree/professional certificate ☐ Associate degree ☐ Bachelor's degree ☐ Master's degree ☐ None
❖ Are you currently employed?	☐ Yes – How many hours per week? _____ ☐ No ☐ Retired/Disabled ☐ Seasonal	☐ Yes – How many hours per week? _____ ☐ No ☐ Retired/Disabled ☐ Seasonal
❖ Are you currently in job training or school?	☐ Yes – How many hours per week? _____ ☐ No	☐ Yes – How many hours per week? _____ ☐ No
❖ Are you in an approved WorkFirst activity?	☐ Yes – Describe the activity and number of approved hours per week: _____ ☐ No	☐ Yes – Describe the activity and number of approved hours per week: _____ ☐ No
Are you on active U.S. military duty?	☐ Yes ☐ No	☐ Yes ☐ No
Are you a member of a National Guard or Military Reserve unit?	☐ Yes ☐ No	☐ Yes ☐ No
Are you a U.S. military veteran?	☐ Yes ☐ No	☐ Yes ☐ No

Please check areas of concern that you have for **yourself/family in your household** that we may be able to assist you with:

- ☐ Previously homeless (in the last 12 months)
- ☐ Child's parent/guardian is disabled
- ☐ Child's parent/guardian is currently deployed to a combat zone, or was within the last year
- ☐ Child's parent/guardian is incarcerated
- ☐ Household mental illness/counseling, including maternal depression.
- ☐ Child's parent/guardian is a migrant worker
- ☐ Household domestic violence (past or current)
- ☐ Household drug/alcohol issues or substance abuse
- ☐ Family has little or no support from other family or friends

- ☐ Other household members have no medical/dental insurance
- ☐ Other household members have no medical/dental home
- ☐ Child's parent/guardian has health concerns
- ☐ Child's parent/guardian has learning difficulties
- ☐ Getting or keeping a job
- ☐ Concerns with housing
- ☐ Legal concerns
- ☐ Recent immigrant/refugee (past 5 years)

If you are employed, what is the name of your employer?

_____

If you are in job training or school, what is the name of your school?

_____

FAMILY INFORMATION

Family Information

- Child lives with:
  - ☐ One parent/guardian
  - ☐ Two parents/guardians in same household
  - ☐ Two parents/guardians in two households – Does one household have primary legal custody?
    - ☐ Yes – Which parent has primary custody? _____
    - ☐ No – Does one parent receive child support payments from the other household?
      - ☐ Yes – Which parent receives the child support payments? _____
      - ☐ No

- Please list other people living in your home. Do not include yourself or your child.
  If you need more space, write on a separate piece of paper and include with your application.

Staff Only - Family Size:

Name (First and Last)	Birthdate (Month/Day/Year)	Relationship to Child	Do you financially support this person?	Is this person related to you by blood, marriage, or adoption?
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

- Does this child live with a guardian who is not their parent or foster parent?
  - ☐ Yes
    - Does this person receive a state, tribal, or SSI payment on behalf of the child? ☐ Yes ☐ No
  - ☐ No

Do you, your child, or another member of your family receive these types of income? Check all that apply:

☐ TANF
- Is it for child only? ☐ Yes ☐ No
- Do you have a Working Connections Child Care Subsidy? ☐ Yes ☐ No

☐ Supplemental Security Income (SSI) for disability
- Person's relationship to child: _____

☐ Foster Child Income

- Total estimated household income for the last calendar year or the last 12 months: _____
  Please include proof of income and family size with this application.

- Does your family currently receive services through Child Protective Services (CPS), Family Assessment Response (FAR), or Indian Child Welfare (ICW)? ☐ Yes ☐ No

- Is your family currently approved for child care through CPS or FAR?
  ☐ Yes – Number of approved hours per week: _____ ☐ No

- Has your family received services from CPS or ICW in the past? ☐ Yes ☐ No

- What is your family's current housing situation?
  ☐ Rent ☐ Own ☐ Other – **If this is checked, please complete the attached *Housing Questionnaire***

Does this household receive subsidized housing, such as a housing voucher or cash assistance for housing? ☐ Yes ☐ No

- How did you learn about our program? Check all that apply:
  ☐ Website ☐ Community event ☐ Flyer ☐ Media ☐ Word of mouth ☐ Site staff ☐ Past parent
  ☐ Community agency/Case worker – Please specify: _____ ☐ Other – Please specify: _____

I have answered the questions to the best of my knowledge and have provided the requested documentation that I have available.

Parent/Guardian Signature: _____ **Date:** _____
(ECEAP Staff: Enter this date in ELMS)